

August 31, 2006

**To: PHIP Steering Committee and Staff**

**From: Joan Brewster, Director, Public Health System Planning and Development**

**Subject: September 27, 2006 Steering Committee in Spokane**

We will meet on September 27, in Spokane at the Davenport Hotel. Our meeting will take place in the morning so that the Wsalpho Board can meet for lunch and through the afternoon. Please make sure Simana Dimitrova knows whether or not you will attend.

We will prepare notebooks with materials for your use at the meeting and will mail them about a week in advance. A suggested agenda for the meeting is in the materials below.

This meeting will give us time for a discussion of the content and recommendations to be included in the 2006 PHIP. (I think we can finalize a report in December and publish it in January.)

Our emphasis should be on what policy recommendations you want to make that a *legislator* should hear. Secondly, what recommendations do you want to make that your *public health colleagues* should hear? In prior meetings we have observed that these are different audiences and it may be most useful to publish our work in separate versions, to best fit the audience. As a first step, we will focus on the legislative report.

We will not “finish” in one morning’s meeting, but we will have time to solidify our direction, outline key points and call out the strongest examples of work we want included in text or appendices.

Between now and September 27, I encourage staff and Committee Co-Chairs to touch base to talk about potential policy recommendations. A single-page form is provided here to jot down the ideas you would like to have appear in the meeting material. Keep it simple and quick. We would like to have this ***by September 19*** so it can be mailed with meeting notebooks.

A rough draft chapter outline for the PHIP is also attached. This is included now so that you can comment and add suggestions. Please email any ideas you have ***by September 19*** and we will do our best to incorporate them for a second draft. Nothing is set in stone...so think freely.

Thank you.

Suggested agenda for  
**PHIP Steering Committee**  
**September 27, 2006**  
Davenport Hotel, Spokane Washington

**Agenda:**

- |                     |  |
|---------------------|--|
| <b>8:00 – 8:30</b>  | Gather. Continental Breakfast  |
| <b>8:30 – 9:00</b>  | Review of PHIP activities underway<br>Products and accomplishments<br>Scheduled plans and events                               |
| <b>9:00 – 11:00</b> | Review of proposed PHIP outline<br>Themes and key points<br><i>Break</i><br>Discussion of policy recommendations               |
| <b>11:00 - Noon</b> | Review of Budget; changes as needed<br>Meet again in November – i-Linc?<br>Timelines<br>Selecting a date for Directors Meeting |

**Noon – break**

Suggested Content for  
**Meeting Notebooks**

Notebooks should be ready to go out by September 20, one week prior to the meeting.

1. Proposed outline for the 2006 PHIP (with any revised per comments)
2. Policy Issues to be considered
3. Meeting Calendar for 2006
4. Current workplan, plus circle diagram
5. PHIP Laws – matrix, requirement, how we meet it
6. PHIP Products matrix, per last meeting and updated
7. Section for each Committee – One page, plus examples of work
  - Key Health Indicators (and Access)
  - Performance Management
  - Finance (and 4410 work)
  - Information Technology
  - Workforce development
  - Communications

## Working Assumptions about the PHIP

This is a recap of our previous discussions. *Please correct, refine or add new points that come to mind.*

- The 2006 PHIP will be formatted differently from the past three. We like them – but they are very much *alike*. We need not make the same points year after year.
- We should present our work to the legislature so that it meets their needs and interests as policy makers and so that it clearly responds to the requirements of the PHIP laws.
- We can produce a different version, more detailed or annotated, for use by public health workers.
- A suite of products rather than one large document may be best and this will work well in the electronic environment we have created for the work.
- The PHIP should tell a story. The story should work for a new legislator or staff person, and not require a lot of background.
- It should be short and refer to our work products, and make it easy to access them online, but it should not try to append all of them.
- The tone should be positive about the work we do and our skills and abilities to do it well.
- The shortcoming to emphasize is a huge lack of resources to accomplish health goals.

## Key Points to make in the PHIP

*Before delving in to a Chapter Outline and details... do you agree with these points? If so, we'll work them in. If not, what points do you want to make and what is missing?*

- We are skilled at setting up effective programs that help people lead healthier lives in safer environments.

We have the information people need to know about whether people are getting healthier, whether programs work – and whether there are danger signals on the horizon.

With adequate investments, we *can* make a difference in addressing public health problems.

- There are huge shortcomings in public health, but they stem from lack of resources and fragmentation.

We have the skills and ability to address public health problems and we have set priorities and estimated the costs of doing so.

These investments would result in healthier people and less cost for illness, other poor health outcomes and environmental problems.

- Washington's public health system has evolved a significant model with PHIP that has implications for other states, and other sectors of government.

The key principles include high value on collaboration, and mutual respect between state and local government. It is a system. We are here to help each other and both levels of government play indispensable roles.

Measuring performance and attention to quality are key drivers. Performance measurement must be done at all levels – across the system and within programs. Its hard work, and it is fairly new because most programs were not historically funded with a strong evaluation component or standardized measures.

We should continue to develop this model. Next steps need to focus on getting better information about public health services (volume, quality, cost), setting realistic targets for health improvement, and increased work on evaluation of program results.

- The question that needs to be tackled from a policy standpoint is:  
What level of investment will we make in achieving public health goals?

## **DRAFT PHIP Chapter Outline**

**DRAFT** PHIP Outline - written for a legislative audience

*This is one idea for an outline. Not a decision. What would you suggest instead?*

### Introduction

1. How healthy are we? A closer look at our health
2. Can we become healthier? The role of public health
3. Washington's PHIP: Creating a Public Health Improvement Partnership
4. Challenges Facing Washington's Public Health System today
5. Recommendations – or, Policy Implications for decision-makers

Below are very general notes about what we have to say, using the above outline. [Items in blue](#) are PHIP products or other sources that we can draw from. Given all the work products, there is much more.

*Is this outline consistent with the points we have discussed? What would you like to see instead? In addition? Leave out?*

### **Introduction:**

- National sources cite a fragile public health system. Much is at risk. Medical care costs escalate to consume an increasing portion of resources. The population is aging, bringing higher health costs overall. Global influences and environmental changes will have health implications. Health and economy *connect* and that will be increasingly important in the future. Our future depends on decisions we make today. Investments in health now can bring us a better future.
- Why PHIP? Quick review of PHIP requirements. Ongoing nature of the effort.
- Requirements are being fulfilled and improved each two year period.
- The requirement in 1993 spawned many similar efforts in other states at least one national effort (Turning Point) modeled after our approach.
- Washington continues to lead the way, in setting standards, creating collaborative work, initiating quality improvement efforts, building a system among locally autonomous agencies – all for better health and more effective services.
- What is new in this biennial Plan? Shifting the focus toward public health problems to be addressed. Prior work concentrated more on shaping the infrastructure because it was so fragmented. . Having gotten our common framework in place, we can hone in on the health challenges we all face.

## Chapter 1. How healthy are we? A closer look at our health

How “health” is defined – and factors contributing to health. The leading causes of death – (McGinnis and Foege)

Underlying factors in health. Disparities among groups. Nationally, no prevention strategy; few sustained investments over time. (Report card, Health of Washington State)

What are the implications of public health problems that go unaddressed?

*Diseases:* Cost impacts of recent Tb cases. Costs of HIV over a lifetime. Immunizations *Prevention:* Projections about diabetes in coming years. Injury costs. Tobacco. Cancer – early detection and prevention. *Healthy Families issues:* Long term impacts of early years *Environmental Issues:* Water quality now and in the future. Food safety in a global market. (McGinnis and Foege- costs; HP2010.)

What are the key public health problems affecting people in Washington today?

What are old diseases, returning or not solved? What are emerging diseases? What are environmental problems and which counties are affected by them? (Indicators, from the Joint Committee)

How do public health problems vary by County? (Indicators, from the Joint Committee)

Indicators we will use on a county by county basis

Categories: (5 or 6 per)

Communicable Disease

Chronic Disease – Prevention/ Promotion

Maternal-Child and Family Health

Access to Health Services

Environmental Health

(use county specific charts- list indicators in the document and appended actual data in charts?)

(usetalking points to guide text; data definitions appended or on-line)

Disparities (Report Card, Health of Washington State)

How does Washington compare to other states on public health issues?

Use national indicators (sources: WHF and national figures for the county-level indicators where available)

## 2. Can we become healthier?

Successes: Public health works – smoking and other public health achievements  
(Tobacco, First Steps, other...)

How does “public health” improve health?

What are health departments? What do they do? What is a “public health approach?” How is public health organized in Washington?

How does public health work with individuals and families? Medical providers? Businesses? Schools? Other government agencies?

The relationship of “Health Indicators” to “Public Health Outcomes”:

We can use indicators (discussed in Chapter One) to diagnose health problems at a community level. If we make and sustain investments – we can achieve outcomes we want, including improved health status. It takes time, and good evaluation, and the body of evidence we need is being built through our work.

We need a strong public health system to deliver effective services

Health *can* improve – but it does not happen by accident. It takes a sustained and systematic approach, and increased investment over time.

## 3. Washington’s PHIP: Creating an active Public Health Partnership

How and why was PHIP established?

1993 health reform; links to improved health

What is required 1993 & 1995

How has the PHIP changed?

1994 - 1998 – basic framework; no measurement

2000 -2004 – standards, measurement, workplan;  
formal collaborative partnership

Why is PHIP important?

System building, Preparing the way for “results”-oriented programs

PHIP Logic Model:

Build a strong and equitably financed public health system, *so that*

Health problems are addressed in every community, *so that*

All residents can receive effective services, *so that*

People have the maximum opportunity to be healthy throughout their lives.

Innovative work undertaken by the partnership

- Indicators
- Performance Management
- Exemplary practices
- Program measure development
- Access
- Financing
- Workforce Development
- Information-technology
- Communications

Create a matrix that describes each product and refers to web site.

Add narrative that describes the work each is doing and why it is important.

Add Workplan, translated to accomplishments list, with check marks, as in other PHIPs.

#### **4. Challenges Facing Washington's Public Health System Today**

Inadequate resources; unequal distribution of resources; lack of sustained prevention investments over time; local funding decline; categorical funding (show sources and categorical constraints); unpredictable federal funds; variation by counties; no minimum per capita; no core dedicated funding for public health.

Public health compared to medical care ([Prior PHIPs and Finance paper](#))

How are health departments funded?

[Financing facts \(4410 work\)](#). Illustrate sources  
Local, state and federal contribution.

How can the public health system be strengthened?

- System-wide priorities for improving quality of services
- Performance measurement for basic functions
- Program-level measures of results
- Technical assistance and peer exchange
- Setting targets for achieving health improvements
- Creating predictable levels of service across the state

Incorporating all of these into how we do business

What would it take – and what would we gain?

[\(Priorities from 4410 –costs, expected benefits\)](#)  
Evidence base for recommended strategies



## 5. Policy Issues for public health decision-makers... or “Recommendations”

*What do you think, as a steering Committee member? What recommendations do you want to see published? What do you want legislators to consider/*

Some items to consider are...

Higher level of investment in public health

Ways to link investments to results

Setting health targets

Leveraging investments: negotiating financial expectations

Balancing state and local interests

Creating service delivery that is more visible, accountable, and effective

Standardizing practices – without losing innovation, creativity, spirit

### **Possible Appendices:**

Washington Standards: User friendly guide to what has been learned from our measurement work to date.

Logic Models and program measures from RWJ grant as guides for the future

Indicator data – by county if we can